

**LI 50000 97195**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

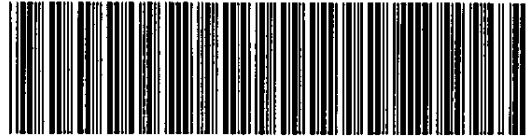
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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15 APR - 6 AM 11:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Stivers APR 21 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 44 GULFSIDE LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John A. Galea  
Name of Person

\_\_\_\_\_  
Firm/Company

6230 SW 112 Street  
Address

Pinecrest FL 33156  
City/State and Zip Code

jpgalea@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John A. Galea at ( 305 ) 807-5217  
Name of Person Area Code Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

- \$25 Filing Fee
- \$30 Filing Fee & Certificate of Status
- \$55 Filing Fee & Certified Copy
- \$60 Filing Fee, Certificate of Status & Certified Copy

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: 44 GULFSIDE LLC

**SECOND:** The Florida Document number of the limited liability company is: L15000057195

**THIRD:** Document to be corrected is:  
ARTICLES OF ORGANIZATION

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

LEFT OFF SECOND MANAGING MEMBER MY WIFE  
ROSA L. GALEA Title MGR  
SHE IS SUPPOSED TO BE A MEMBER

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA  
16 APR - 6 AM 11:57  
FILED

**OR**

The electronic transmission of the record was defective.

*Rob A. Nalla* 4-1-15  
Signature of Authorized Representative Date

**Filing Fee: \$25.00**  
**Certified Copy: \$30.00 (optional)**